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APPLICATION NO. 10/529,484 09/28/2005 Lennart Alfredeen 1505-1071 6761 INDUCTION HEATING APPLINTYPE SMALL ENTITY 1SSUE FEE PUBLICATION FEE TOTAL FEE(S) DUE DATE DUE APPLINTYPE SMALL ENTITY 1SSUE FEE PUBLICATION FEE TOTAL FEE(S) DUE DATE DUE APPLINTYPE SMALL ENTITY 1SSUE FEE PUBLICATION FEE TOTAL FEE(S) DUE DATE DUE APPLINTYPE LEUNG, PHILIP H 3742 219-622000 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.53) Change of correspondence address or indication for "Fee Address" in	00466 75 YOUNG & THO 745 SOUTH 23RD 2ND FLOOR ARLINGTON, VA	STREAT E	SEP ,	P LL WOAS	papers. Each addition have its own certificat	al paper, such as an assignm e of mailing or transmission. rtificate of Mailing or Tran	smission ng deposited with the United rst class mail in an envelope s above, or being facsimile date indicated below. (Depositor's name) (Signature) (Date)
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CRR 1.563). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. The Address form PTO/SB/122 attached. The Address form PTO/SB/122 or more recent) attached. Use of a Customer Number is required. A. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignment. If an assignment of the patent is recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE MTECH HOLDING AB (B) RESIDENCE: (CITY and STATEOPT EXTENDENT) BOTSHOLM, Sweden (B) RESIDENCE: (CITY and STATEOPT EXTENDENT) BOTSHOLM, Sweden (B) RESIDENCE: (CITY and STATEOPT EXTENDENT) The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 25–0120 (C) the names of up to 3 registered patent attorneys or agents. If no name is listed, no name will be printed. (C) The Director is hereby authorized by the patent attorneys or agents. If no name is listed, no name will be printed. (B) RESIDENCE: (CITY and STATEOPT EXTENDENT) (B) RESIDENCE: (CITY and STATEOPT EXTENDENT) (B) RESIDENCE: (CITY and STATEOPT EXTENDENT) The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 25–0120 (C) the names of up to 3 registered patent attorneys or agents. If no name is listed, no name will be printed. (B) RESIDENCE: (CITY and STATEOPT EXTENDENT) The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 25–0120 (C) the names of up to 3 registered patent attorneys or agents. If no name is listed, no name will be printed. (B) RESIDENCE: (CITY and STATEOPT EXTENDENT) The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 25–0120 (Corporation or other privates as is attached. (C) T	LEUNG,	3742	3742 219-622000		_		
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This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to proces an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, as submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete	Typed or printed name			reguired to obta	Registration	No. #35,041	

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